



4M 3732

PATENT
Attorney Docket No. RTI 104-IB / 01915/13971US03

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

In the Application of:)	For: "Cortical Bone Cervical
Grooms, <i>et al.</i>)	Smith-Robinson Fusion
)	Implant"
Serial No.: 09/722,205)	
)	Group Art Unit: 3732
Filed: November 25, 2000)	
)	Examiner: E. Robert
)	

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OCT 25 2002
TECHNOLOGY CENTER R3700

TRANSMITTAL

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

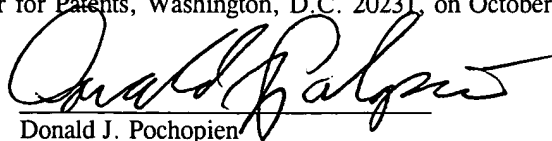
In response to the Official Communication of 09/18/02, for which a response is due 10/18/02, the Applicants respond to the restriction requirement imposed by the Patent Office.

1. Additional Documents Cofiled Herewith:

- a. Election of Invention under 35 U.S.C. § 1.121;
- b. Preliminary Amendment; and
- c. Reply postcard.

CERTIFICATE OF MAILING

I hereby certify that this paper and all documents disclosed therein is being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on October 18, 2002.


Donald J. Pochopien

2. Small Entity Status

- ☐ Verified statement(s) claiming small entity status is(are) attached.
- ☐ Small entity status has been established and is still effective.
- ☒ Has not been established.

3. Extension of Time

- ☐ This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (Months)	FEE FOR LARGE ENTITY		FEE FOR SMALL ENTITY	
One Month		\$110.00		\$55.00
Two Months		\$390.00		\$195.00
Three Months		\$890.00		\$445.00
Four Months		\$1390.00		\$695.00

If an additional Extension of Time is required, please consider this a petition therefor.

Extension Fee: \$

An extension for _____ month(s) has
already been secured and the fee paid therefor of
\$ _____ is deducted from the total fee due
for the total months of extension now requested.

Deduction: \$

Extension Fee Due With This Request \$

4. **Fee for Claims**

The fee for additional claims [(37 CFR 1.16(b)-(d))] has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid For		Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL		MINUS		=	X11 =	\$	X22 =	\$
INDEP.		MINUS		=	X40 =	\$	X80 =	\$
First Presentation of Multiple Dependent Claim					+ 130 =	\$	+ 260 =	\$
TOTAL ADDITIONAL FEE						\$	OR	\$0

5. **Method of Payment of Fees**

☐ Attached are checks in the amounts of:: \$

☐ Charge Deposit Account No. 13-0017
in the amount of: \$

A copy of this Transmittal is enclosed.

6. ☒ **Deposit Account and Refund Authorization**

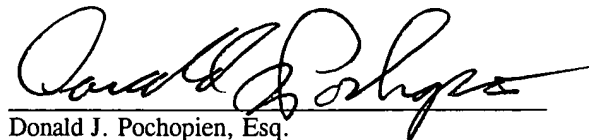
The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 13-0017 in the name of McAndrews, Held & Malloy, Ltd. A duplicate copy of this Transmittal is enclosed.

Please refund any overpayment to McAndrews, Held & Malloy, Ltd. at the address below.

Respectfully submitted,

McANDREWS, HELD & MALLOY, LTD.

By:



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500 West Madison Street
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(312) 775-8000

Dated: October 18, 2002

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